## **Out-Of-Hospital Births For The Week**

Public Health Laboratories Newborn Screening Program (206) 361-2902

Sun:		thru Sat:	
	mm/dd/vv		mm/dd/vv

Midwife, Birth Attendant or Birth Center:	
	Provider Number assigned by
Person Reporting:	Newborn Screening Program:

Please indicate Hospital Births by (\*) before name.

Mother's Last Name (and Baby's	Baby's Sex	Date of Birth		Address**			Telephone Number
Last Name if different)	M/F	mm/dd/yy	Mother's First Name	Street	City	Zip	(with area code)

<sup>\*\*</sup> Please fill out follow-up information on the reverse side if:

- Parents do not wish to have address and phone listed and/or Follow-up visit will be provided by another clinic or physician 1.
- 2.

Mail To: Department of Health Public Health Laboratories Attn: Newborn Screening 1610 NE 150<sup>th</sup> St. Shoreline, WA 98155-7224

Please fill out follow-up information if:

- Parents do not wish to have address and phone listed and/or Follow-up visit will be provided by another clinic or physician 1.
- 2.

Baby's Last Name	Physician or Clinic Who Will Follow-Up	Street	Address City	Zip	Telephone Number (with area code)
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